

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90019 041 ***150.00

DOCUMENT # P02000078729

1. Entity Name
LA CHATEAU EUROPEAN ANTIQUE INC.



Principal Place of Business

2201 E. 7TH AVE
TAMPA, FL 33605

Mailing Address

2201 E. 7TH AVE
TAMPA, FL 33605



03122005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0644678

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AHMED, AZZA
10453 HUNTERS HAVEN
RIVERVIEW, FL 33569

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: A33a Ahmed

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-10-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing

-----Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: AHMED, AZZA
STREET ADDRESS: 10453 HUNTERS HAVEN
CITY-ST-ZIP: RIVERVIEW, FL 33569

TITLE: P
NAME: ABDALLA, MAGDI
STREET ADDRESS: 10453 HUNTERS HAVEN
CITY-ST-ZIP: RIVERVIEW, FL 33569

TITLE:
NAME:
STREET ADDRESS:
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CITY-ST-ZIP:

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

A33a Ahmed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-05

Date

813-241-4466

Daytime Phone #